



Elementary Kids Camp Information & Registration

- Dates:** June 12 – 16
Grades: 1st – 5th
Location: Lakewood Retreat (Brooksville, FL)
Fee: \$250 (\$25 deposit required with completed registration forms)
*Full non-refundable payment due by May 21

Departure Day

Registered campers will meet at Calvary Chapel on Monday, June 12 at 8 AM along the sidewalk between Chapel Books and the skate park. The bus will depart promptly at 8:30AM. It is important that you arrive on time. You will be responsible for transporting your child to camp if you arrive after the bus has departed. Please have your child eat breakfast before arriving.

*There will be a head lice check before children board the bus. **If your child is found to have head lice, we will ask that you treat them and then bring them to the camp on your own.**

Have the following ready to be collected prior to boarding the bus:

- **Luggage**
- **Any medications** (prescription and non-prescription). Please do not pack any medication in your child's luggage. All medication will be collected and transported to camp by an adult leader. According to state law, prescription medications must be in the original bottle and labeled by the pharmacist with the doctor's instructions. Certain over-the-counter medications will be available from the camp nurse, if needed.

Return Day

Campers will return to Calvary Chapel on Friday, June 16 at approximately 2:00 PM. The bus will be departing from Brooksville, FL at 1:00 PM. All campers' luggage will be transported on the bus. **You, or someone listed on the Camper Release Form, will be required to sign your child out before the child is released.**

Cancellations

If your child becomes unable to attend, please notify the Camp Director immediately so that someone may attend camp that is on the waiting list.

Dress Code

Modest attire is required throughout the camp. T-shirts advertising alcohol or tobacco products or having any message that promotes illicit or illegal activities may not be worn. All undergarments must be fully and completely covered at all times. Shorts need to be long enough to fully cover the rear, and no part of a belly should be exposed during normal activities. Bathing suits must be of a modest one-piece design for girls and at least fingertip-length shorts for boys (no speedos or bikinis). Any swimsuit not meeting modesty standards will be worn with a t-shirt.

Foot Care

Closed-toe and closed-heel shoes, such as tennis shoes, are required at camp (socks are highly recommended). Flip flops can be worn when going to the pool or a water activity.

Other Important Camper Information

Illness or Accident

We will call you if your child is sick enough to be in the infirmary for more than 24 hours or if they are sick or injured enough to be taken to see a doctor.

Mail

It's always fun to receive mail while at camp! We will not be able to receive regular snail mail; however, letters written ahead of time and given to our staff can be delivered to your child throughout the week.

**Before writing your letter, please read the article regarding homesickness provided at the end of this packet.*

Phone Calls

We have found it best for campers not to receive or make phone calls. Be assured, we will not hesitate to call you if it becomes necessary. The emergency number for the Camp Director is (727) 735-5331; you may leave a message at that number. The number to the office at Lakewood Retreat is (352) 796-4097.

Electronics and Cell Phones

Upon arrival at camp, all cell phones and electronic devices will be collected by the Camp Director for safekeeping. Campers will not be allowed to keep these items in their cabins or use them during the week. Please avoid preventable heartache – do not send anything that is irreplaceable, we cannot guarantee its return.

Suggested Packing List

Label ALL luggage with your child's name. Make sure your camper can transport (carry up or downhill) their own luggage.

- **Sleeping bag or bedroll** (blankets and sheets)
- **Fitted sheet** to go over mattress – twin size **optional, but suggested*
- **Pillow**
- **Modest sleepwear**
- **Undergarments & socks**
**suggest 7 each*
- **Modest shorts & shirts**
**suggest 7 each*
- **Jeans or pants**
- **Jacket, sweatshirt or long sleeve shirt** for evenings
- **2 pair of sneakers** or closed-toe/ closed-heel shoes (just in case one pair gets wet)
- **Water shoes or flip flops** for pool
- **Modest bathing suit**
- **Comb, brush, shampoo & soap**
- **Toothbrush & toothpaste**
- **2-3 towels** for shower & pool
- **Plastic bag** to take home wet clothes
- **Laundry bag** **optional, but suggested*
- **Reusable sports water bottle** (non- disposable)
- **Bible, paper, pencils**
- **Insect repellent**
- **Sunscreen**
- **Flashlight & fresh batteries**
- **Rain gear** (no umbrellas please)
- **Hat** for the sun
**optional, but suggested*
- **Camera** (single use)
**optional*
- **Floor mat for bedside** **optional*

For your information, these are the rules of conduct expected from each camper:

- Participation in activities Respect one another, staff and leaders Respect property
- No fighting No lighters, weapons, fireworks, explosives No offensive or immodest clothing
- No boys in girls' sleeping quarters, vice versa No money, electronics, food, beverages, medications or valuables of any kind are allowed to be kept in cabins

Kids Camp 2017 - Medical Release and Liability Form

Child's Name _____ Birthday ____/____/____

I (We) acknowledge that my child's participation in the activities of Kids Camp 2017 is voluntary and may require involvement in traveling and physical exertion. **My child has permission to participate in all Kids Camp activities, which may include but not limited to the following: cookouts, canoeing, swimming, hiking, broomball, soccer, volleyball, softball, football, ultimate frisbee, archery, and camping. In consideration of the activity or event my minor child is participating in, I hereby represent and warrant that my minor child is fully, physically, and medically capable of partaking in same and that accidents, injuries, death and/or damages caused by other individuals may occur.** It is my consent on behalf of my minor child to acknowledge and assume such possibility and I/we hereby release and forever discharge Calvary Chapel St. Petersburg its officers, agents, employees, and representatives, from all claims, damages, injuries, medical treatment expenses, medical transportation expenses and causes of action that may arise from the event or activity.

I (We), the parent(s) or legal guardian(s), do hereby authorize any one or more staff members of Kids Camp 2017, in whose care the minor has been entrusted, as agents for myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical, surgical, or dental diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician, physician's assistant, licensed practical nurse, EMT or surgeon licensed under the provisions of the Medical Practice Act by the medical staff of any hospital or outpatient clinic, whether or not such diagnosis or treatment is rendered at the office of said physician or medical staff or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered, including emergency medical transportation, to the aforementioned child pursuant to this authorization.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgment may deem advisable.

I hereby authorize any hospital or physician which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agents upon the completion of treatment.

These authorizations shall remain effective until December 31, 2017.

Copies of this form, duly executed, should be in the possession of the named minor; at least one adult named in the document and present at the event; and the parent or guardian executing the Medical Authorization. A duly executed copy of this form shall have the same force and effect as the original.

Parent(s)/Legal Guardian Signature _____ Date _____

STATE OF FLORIDA

COUNTY OF PINELLAS

BE IT KNOWN, that on the _____ day of _____, _____, before me, the undersigned notary in and for the State of Florida, duly commissioned and sworn, dwelling in the county of Pinellas, personally came and appeared _____, to me () personally known or () who produced valid identification, and being the same person described in and who executed and acknowledged the within medical authorization and release to be his/her act and deed.

Notary Signature

Notary Stamp:

Health Information Form

Please Print in Ink

Child's Name _____ Age _____

Grade (just completed) _____ Gender _____ T-shirt size (circle 1) **Youth** S M L **Adult** S M L

Parent/Guardian _____ Email _____

Phone (H) _____ Phone(C) _____

Address _____

City _____ State _____ Zip _____

Second Parent/Alternate Emergency Contact _____

Phone (H) _____ Phone(C) _____

Medical Insurance Carrier _____

Policy # _____ Group # _____

Carrier Address _____

Name of Insured person _____

Insured person's place of employment _____

Name of Family Physician _____ Phone _____

Name of Dentist/Orthodontist _____ Phone _____

Health History (Check all that apply. Provide additional details if needed)

Frequent Ear Infections _____ Diabetes _____ Hypoglycemic _____ Bleeding Disorders _____ Hay Fever _____
Penicillin _____ Heart Defect/Disease _____ Asthma _____ Mononucleosis _____ Seizures _____
ADD/ADHD _____ Downs Syndrome _____ Tourette's Syndrome _____ Mumps _____ Chicken Pox _____
Measles _____ Other (specify) _____

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.)

Please explain: _____

Drug or Food allergies (specify) _____

Dietary Restrictions (medical and non-medical) _____

Blood Type (if known) _____ Are all immunizations current? Yes ___ No ___ Date Last Tetanus _____

What is your child's swimming ability? **Non-swimmer** _____ **Beginner** _____ **Intermediate** _____ **Advanced** _____

Initial _____ My child may sleep on a top bunk.

Cabin Mate Preferences (up to 3 requests, must be in the same age group). We will try to accommodate a request to be places with someone; however, we cannot guarantee it. We ask that you prepare your child to make new friends. _____

Parent(s)/Guardian Signature _____ Date _____

Kids Camp 2017

Name: _____ DOB: _____

Allergies: _____

This form must be completed & signed by a parent or legal guardian. All prescription, over-the-counter, herbal, vitamin, & nutritional supplement products will be kept by the Camp Nurse in the infirmary. These items must be given to the Camp Nurse before your child boards the bus (do not pack in child’s luggage). All medications will be given as prescribed, indicated on this form or per label instructions by age or weight.

STOCKED-OVER-THE-COUNTER MEDICATIONS: The following non-prescription medications (or equivalent) will be stocked in the camp infirmary and are used on an “as needed” basis to manage illness or injury only if approval is indicated below.

Medication	Indication	Individual Order		Special Instructions or Comments
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
acetaminophen (Tylenol)	pain, fever	Yes	No	
ibuprofen (Advil, Motrin)	pain, fever, inflammation	Yes	No	
phenylephrine HCl (Sudafed)	sinus congestion	Yes	No	
guaifenesin (Robitussin)	chest congestion	Yes	No	
dextromethorphan (Robitussin DM)	cough	Yes	No	
diphenhydramine (Benadryl)	allergic reactions	Yes	No	
phenol 1.4% spray (Chloraseptic)	sore throat	Yes	No	
bismuth subsalicylate (Pepto Bismol)	GI symptoms	Yes	No	
laxative (Milk of Magnesia, MiraLAX)	constipation	Yes	No	
loperamide (Imodium AD)	diarrhea	Yes	No	
calamine lotion (Caladryl)	topical reactions	Yes	No	
hydrocortisone 1% cream (CortAid)	topical allergic reaction	Yes	No	
antibiotic ointment (Neosporin)	cuts, scrapes, abrasions	Yes	No	
aloe (burn gel)	topical or sun burn	Yes	No	

PRESCRIPTION & OTHER MEDICATIONS: Please list all current medications that you are sending to camp – both scheduled and as needed. “Medication” is any substance a person takes to maintain and/or improve health. This includes vitamins and natural remedies. Keep ALL medications in the original packaging. Prescription medication must have the full label issued from the pharmacy and will only be given to the person for whom it was prescribed.

Participant will NOT bring any medications to camp

Participant WILL take the following medication(s) during camp

Medication & Strength	Sig (specific directions including route)	Comments

ADDITIONAL ORDERS: Other health related needs – peak flow readings, dressing changes, blood sugar readings, etc:

IMPORTANT MEDICAL AUTHORIZATION:

I have reviewed this form in its entirety and give my permission (by selecting yes/no) for the acting medical staff to administer any medications (as defined above) as described above.

Signature of Parent/Guardian

Print Name

Camper Release

Your child's safe return from camp is of great concern to us. Your child will be released only to you or the person(s) you name on this. Please fill out the form below with the information requested, and be sure that it is signed by a parent or legal guardian.

Child's Name: _____

Last

First

My child may be released to either myself OR one of the persons named below:

(PHOTO ID MAY BE REQUIRED FOR RELEASE)

Name

Phone Number

Relation to Child

Name

Phone Number

Relation to Child

Name

Phone Number

Relation to Child

Parent Name _____ **Phone** _____

Parent Signature _____

Note: If the person(s) whom you have listed becomes unavailable, you must call the Camp Director with the name of a replacement. Your child will not be released to anyone not listed on this form.

OFFICE USE ONLY

Change of Instruction:

Caller: _____ Date/Time: _____ Received By: _____

Changes: _____



UPON RELEASE ONLY

(PHOTO IDENTIFICATION MAY BE REQUIRED FOR RELEASE)

Camper released to:

Signature of Guardian _____ **Date** _____

By Eva Lee Henderson

HELP FOR THE HOMESICK

Dear Mom and Dad,

I'll be leaving for camp soon. I want to go, but I'll miss you. This may sound silly, but will you be okay while I'm gone?

What if I don't like it there? What if I don't make any friends or my counselor doesn't understand me the way you do

I know camp is good for me. And it's fun too. But leaving home for a whole week is hard. I want to do well. To be strong – to make it. If I do, I know I'll be proud of myself. You'll be proud of me, too!

Love,
Chris

This letter may never be written; the feelings may never be put into words. However, as a child leaves home, even for a short, exciting week of camp, he or she may have some hesitations. Parents can help ease this transition time or, unknowingly, make it more difficult. With the right approach the dreaded word homesick need not be a huge barrier to overcome and conquer. Parents can direct their child in preparing for the camp experience, for being away from home and for accomplishing a growth stage.

Homesickness is very real to the camper. The child may feel frightened and lonely and may suffer real pain such as stomachaches or headaches. At times, campers may feel guilty for leaving their parents. They may direct anger at themselves because they miss their mothers. They may become angry with their mothers for not being there.

In many cases, a child is so dependent on the parent that he or she does not know if coping is possible away from the parent. The child needs help developing self-confidence, assuring their children that they themselves can cope while the child is gone. A parental display of tears, fears, loneliness, and anxiety may make a child feel guilty for leaving. To reassure parents, the child will resist leaving or write home to complain of camp or to admit homesickness. Parents should acknowledge the child's concern and the pain involved. At the same time, they should express confidence that the child will cope

and succeed, stating positive, realistic expectations they have for the child.

A parent who has trouble dealing with separation from the child still needs to allow the camper the freedom to experience success. Letters should be positive, not full of "We miss you." Most camps will not allow phone calls to campers except in an emergency. A child who is coping well with being away from home can suddenly assume guilt if the parent is not coping equally well.

Remember, homesickness is not a "good sign" that the child misses the parents. It indicates a lack of self-confidence. In the camp setting, counselors are trained to handle homesickness by keeping each camper busy and happy. By acknowledging the camper's feelings and helping the camper overcome homesickness, rather than give into it, counselors help the camper have a successful confidence-building experience. Sticking it out for the camp term can be a more positive learning experience than giving in and going home. Even if a camper succumbs to homesickness and fails to make it through the week, counselors and parents should encourage camp attendance again next year.

This will reassure the child that he or she will outgrow the homesickness.

Parents can help ease this transition time or, unknowingly, make it more difficult. With the right approach, the dreaded word homesick need not be a huge barrier to overcome and conquer.

Positive Planning

A camper who says he is being "sent" to camp has a different attitude from one who is "going" to camp. Camp directors often see the result of improper planning which may lessen the child's enjoyment of the camp week or promote homesickness. When a camper has participated in the decision of choosing a camp, he or she can look forward to the activities that friends or the camp's literature describe, be it a special overnight trip, a cookout, or a daily horseback ride. Once at camp, an enthusiastic camper will be a good influence on campers struggling with homesickness.

Being promised certain cabin mates, counselors, activities, or use of the phone by the parent, only to find that camp policy or situations don't allow or fulfill those promises, may lead to disappointment or discouragement. If the child needs reassurance, the parent should keep promises reasonable. Parents should read the brochures and letters from camp carefully and know well in advance the policies and procedures for registration, choice of activities, use of phone, request of cabinmates, etc.

Parents should follow this brief list of dos and don'ts for preparation and check-in at camp:

DO involve the child in the selection of the camp.

DON'T make promises you can't control.

DO pack together. Favorite, familiar, and well-marked clothes will most likely return home. Save new clothes for school. Allow the child to pack a familiar toy (perhaps a stuffed animal) that will survive a week at camp.

DON'T plan special family activities the camper will miss while at camp.

DO visit the campsite on opening day, if possible. Meet your child's counselor, talk with the camp director, ask questions.

DON'T openly discuss your child's health concerns with the nurse while your child or other children are present. Do share your concerns privately or in a note attached to the medical form.

DO arrive on time, especially on departure day.

DON'T overburden the infirmary with unnecessary medications. Camp will provide adequate, well-rounded meals, plenty of rest, and a well-equipped infirmary.

DO send prescriptions or normally taken medications in original, well-marked containers. **DON'T** mix medications or send prescription medications that were not prescribed for the child by a doctor.

DO write to your child while he or she is at camp, or even before your

child leaves, so a letter will arrive early in the week.

DO pack pre-addressed, stamped envelopes or postcards so your camper can write to you, too.

Remember, if a camper does become homesick, he or she will survive and will want to overcome this fear. Acknowledge and respect any fears and concerns. Be supportive, not protective. Give encouragement, not sympathy.

Try your hand at a response to the homesick camper.

Dear Chris,

I hope you are learning a lot at camp this week. It may be hard for you, and sometimes you may be scared, but we know you can make it! We love you and want you to have a good time at camp. We are looking forward to hearing all about camp when we see you on Saturday.

Love,
Mom and Dad

When National Camp Administrator Eva Lee Henderson is homesick for her lovely attic apartment and Shih-tzu dog, Flower, during long trips to Camp Cherith camps, we hope she will remember this article.